

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. General Hospital)

File No. 36929
Registered No. 4358
St. _____ Ward _____

2. FULL NAME Charles William Stowman

(a) Residence, No. 4202 Linwood Blvd. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11, 1920
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
16 -11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Charles W. Stowman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record17. INFORMANT Charles W. Stowman
(ADDRESS) 4202 Linwood, Kansas City, Mo.18. BURIAL, CREMATION, OR REMOVAL Mt. Moriah
PLACE Kansas City, Missouri Oct. 30, 193719. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillha, Plaza20. FILED 10/29/37 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28/37

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him alive on 8/20/37, 19____. Death is said to have occurred on the date stated above, 8/20/37 m.The principal cause of death and related causes of importance were as follows:
Fracture of the skull Date of onset 2037

Other contributory causes of importance:

Name of operation Autopsy Date of _____
What test confirmed diagnosis _____ Was there an autopsy? Yes23. If death was due to external causes (Violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury _____
Where did injury occur _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, home, or in public place.Manner of injury Fell down stairs
Nature of injury Skull fracture24. Was disease or injury related to occupation of deceased?
If so, specify _____(Signed) M. M. Brown _____, M. D.(Address) 11

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

